

**Spring 2006 Update**  
to Adopted SFY 06-11 Strategic Plan  
**For the Period SFY 07 - 12**

## **A. MISSION**

To provide leadership to and a statewide focus on the prevention of child abuse and neglect, and to encourage and support effective community prevention efforts.

## **B. STATUTORY AUTHORITY**

RCW Chapter 43.121 (*See Appendix One, RCW Sections*)

Legislative intent (43.121.010): “The legislature recognizes that child abuse and neglect is a threat to the family unit and imposes major expenses on society. The legislature further declares that there is a need to assist private and public agencies in identifying and establishing community based educational and service programs for the prevention of child abuse and neglect. It is the intent of the legislature that an increase in prevention programs will help reduce the breakdown in families and thus reduce the need for state intervention and state expense. It is further the intent of the legislature that prevention of child abuse and child neglect programs are partnerships between communities, citizens, and the state.”

## **C. GOAL**

Strengthened child abuse and neglect prevention policies, programs, practices.

## **D. OBJECTIVES**

- Increase awareness and understanding of solutions to the problem of child abuse and neglect by improving availability of and access to current prevention information and strategies.
- Enhance community capacity<sup>1</sup> to respond to the needs of children by implementing effective child abuse and neglect prevention strategies.
- Reduce systemic barriers to effective child abuse and neglect prevention by enhancing resources and improving policies.

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<sup>1</sup> “Capacity describes the mix of conditions (shared values, quality of programs and strategies, program congruence with community needs, and political support) and resources (knowledge, skills, money, time and technical assistance) necessary for communities and community coalitions to accomplish and sustain change.” *The Future of Public Health in the 21<sup>st</sup> Century*, Inst. of Medicine, 2003.

## E. STRATEGIES/ACTIVITIES

(NOTE: Strategies specific to the 07-09 Biennium are underlined.)

*With an increased focus on **children 0-3** and on **resource efficiencies** attainable through partnerships and collaboration:*

### **Identify needs, gaps & barriers (public awareness, programming, training, systemic issues)**

- Maintain and share current knowledge of available data sets and other key information resources.
- Conduct statewide, cross disciplinary needs and resource assessment.

#### **Performance Measure:**

- ☐ 10 outreach presentations in varied communities statewide to gather information regarding existing prevention services and gaps.

### **Develop effective responses (messages, programs, training, and policy proposals)**

- Develop, maintain and share current knowledge of research re: effective child abuse/neglect prevention.
  - Develop and publicize validated list of evidence-based and evidence-informed child abuse and neglect prevention programs and practices to inform community decision-making and guide funding decisions.
- Develop communication plan to guide message delivery and marketing functions.
  - Incorporate knowledge gained from newly available research related to 'reframing' child abuse and neglect into integrated communications plan.
- Develop and plan for implementation of new funding framework to build and strengthen child abuse and neglect prevention infrastructure statewide via implementation of evidence-based and evidence-informed programs.
- Develop long term policy agenda addressing systemic changes needed to reduce barriers and embed effective child abuse prevention across disciplines and domains and in communities statewide.

#### **Performance Measures:**

- ☐ List of evidence-based/evidence-informed programs produced by July 1, 2006; updates produced annually
- ☐ 4 trainings provided each year on EB/EI

### **Develop and leverage resources**

- Secure federal (Community Based Child Abuse Prevention) grant funds
- Pursue opportunities to maximize resource and impact leveraging (restructuring, resource pooling, co-location, contracting out, etc.)
  - Secure resources sufficient to build a basic prevention infrastructure and a continuum of consistent, effective and efficient services for families across the state.

- Coordinate with the Department of Early Learning and the Thrive by Five public-private partnership
- Lead and develop/maintain partnerships to access additional federal and private funding (See “Partnerships” section below for additional detail) to address identified service gaps
  - Lead and direct collaborative efforts to secure and effectively utilize federal ‘Healthy Marriage Initiative’ funding.
  - Lead and direct collaborative efforts to implement ‘Strengthening Families through Early Care and Education WA’ with grant funding secured from the National Alliance of Children’s Trust Funds Early Childhood Initiative.
  - Lead and direct collaborative efforts to continue ‘Speak Up Washington’ postpartum depression campaign beyond the funding period.
- Pursue and maximize opportunities for revenue generation related to the distinctive capacities of the Children’s Trust Fund (“Keep Kids Safe” special license plate and Heirloom Birth Certificate)
  - Identify and secure private partners to implement co-marketing efforts.

**Performance Measure:**

- Increased resources received and distributed to community programs by WCPCAN each year.

**Contract for delivery of identified outcomes**

- Review and revise WCPCAN outcomes and indicators as necessary to:
  - Ensure currency with new research and appropriateness related to increased focus on children 0-3.
  - Align with new federal (program assessment rating tool) performance measures .
  - Align with newly developed identified evidence-based and evidence-informed program list.
- Conduct competitive process to identify new and developing community-based child abuse prevention programs with the greatest potential to achieve identified outcomes and address service gaps.
- Execute performance-based contracts with community-based agencies and other service providers for implementation of evidence-based and evidence-informed programs across the state.

**Performance Measures:**

- 45-60 performance-based contracts executed with community-based agencies for implementation of evidence-based and evidence-informed

**Provide technical assistance to support outcome achievement**

- Provide resources (training, technical assistance and consultation) to community-based programs to improve their capacity to deliver and report measurable outcomes.
  - Develop internal capacity to provide support related to achievement of fidelity of implementation measures for replicated

evidence-based and evidence-informed programs.

- To build the field of evidence-based prevention programs, contract for research services to rigorously evaluate one identified promising program.

**Performance Measures:**

- ☐ 8 outcome evaluation TA opportunities provided each year for each funded program.
- ☐ Increased ability of community-based

**Provide/facilitate access to capacity building resources**

- Develop internal capacity to meet the technical assistance needs of community-based programs implementing evidence-based and evidence-informed child abuse and neglect prevention programs.
- Provide and facilitate access to resources that build knowledge, skills and abilities needed for effective child abuse prevention
  - Further develop website as one-stop electronic clearinghouse for current information on child abuse and neglect prevention.
  - Provide training/TA opportunities for program planners and practitioners, including, in addition to established components, evidence-based and evidence-informed programs, reframing child abuse and neglect, relationship strengthening, and the Strengthening Families through Early Care and Education initiative.
  - Provide resources to underserved communities to raise awareness and stimulate community problem-solving.
  - Provide resources to partnerships aimed at providing training and educational opportunities relevant to the delivery of effective child abuse and neglect prevention services.
- Support DSHS in accomplishing Child and Family Service Review Program Improvement Plan goals specific to WCPCAN expertise: Performance-based contracting program evaluation, program development and implementation related to increasing service array particularly in underserved communities.
- Promote and support parent leadership development.

**Performance Measures:**

- ☐ 12 monthly Resource Updates produced each year & distributed to 300 subscribers.
- ☐ 1 training on reframing
- ☐ 1 training on

**Implement message campaigns**

- Promote WCPCAN as resource to media on child abuse and neglect prevention as reframed in the communications plan.
- Lead and direct statewide child abuse prevention month ("Blue Ribbon") campaign.
  - Reframe the campaign to promote greater community engagement.
  - Involve new private sector (business &

media) partners

- Lead and direct collaborative efforts to continue the Post Partum Depression Awareness campaign beyond the funding period.
- Lead and direct collaborative statewide Shaken Baby Syndrome (SBS) prevention awareness and education efforts.
  - Promote use of “Have a Plan” SBS prevention video & related materials in hospitals and other birthing settings and in public schools across Washington.
  - Create pilot project to inaugurate and test effectiveness of SBS affidavit program in Washington.
- Implement statewide survey that measures progress on public awareness and understanding to measure achievements compared to the benchmark established in the 2003 DOH survey, “Community Norms about Child Abuse and Neglect”.

**Performance Measures:**

- ☐ Integrated communications plan produced by Dec 31 2006; updates produced annually.
- ☐ Increased knowledge of the

**Advocate for policy and structural solutions**

- Provide educational opportunities for decision makers and advocates on priority policy issues.
- Within the parameters of the Governor’s priorities, advocate for systemic changes that reduce barriers and strengthen and support families.
- Keep legislators and other agencies apprised of the programs WPCAN supports throughout the state to facilitate thoughtful policies and practices

that build on the infrastructure that already exists and takes advantage of synergistic opportunities.

**Performance Measures:**

- ☐ 4 policy position papers produced each year.
- ☐ 50 briefings & educational opportunities for legislators provided each year.

**NOTE:**

- See Appendix Three for a visual demonstrating the relationship between WPCAN goals & objectives and desired statewide results
- See Appendix Four for WPCAN’s Logic Model
- See Appendix Five for a visual representation of WPCAN’s Strategic Plan

## **F. Appraisal of External Environment**

### Economic Factors

In Washington State, the median annual income for a family of 4, as of 2000, is \$63,568, which is about \$1000 higher than the national average. However, the average income of families in the top one-fifth of wage earnings was 9.2 times higher than the average income of families in the lowest one-fifth of earnings between 1998 and 2000<sup>2</sup>.

Low socioeconomic status is a major risk factor for the occurrence of child abuse and neglect. It also increases the likelihood of other risk factors for that same child. In Washington State, 32% of families are low-income (at or below 200% of the Federal Poverty Level which is \$31,340 a year for a family of 3) and 12% are at or below 100% of the FPL (\$15,670 for a family of 3)<sup>3</sup>.

Poverty increases the likelihood of inadequate pre-natal care which increases the likelihood of premature birth, birth anomalies, low birth weight and exposure to toxins in utero. These, in turn, are related to the development of physical, cognitive and or emotional disabilities and/or chronic or serious illness. These are all risk factors for abuse. Poverty also increases the likelihood of depression and anxiety and high general stress levels among parents which also are risk factors for abuse. Lack of access to medical care, health insurance, adequate child care and social services is common in families who are low-income, and these also increase the risk for abuse and neglect.

There is a great racial disparity in regards to poverty in Washington. A disproportionate number of Hispanic children are living in poverty – a full 75% versus 25% of white children.<sup>4</sup>

57% of the low-income families are headed by a single parent, versus 21% of families who are not low-income<sup>5</sup>. 58% of children under 5 are living in homes headed by a single woman. 73% of the parents who are at or near poverty actually are working full or part time<sup>6</sup>. This is not an issue of people who are choosing not to work. However 19% of low-income families (versus 4% of families who are not low-income) do not have a high school diploma<sup>7</sup>.

### Population Factors – Trends by Cohort

There are approximately 5.8 million people living in Washington state and 385,321 children under the age of 5. All together, there are approximately 1.3 million children (ages birth to 17) living in this state<sup>8</sup>.

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<sup>2</sup> Washington state demographics, National Center for Children in Poverty. 2003. [www.nccp.org](http://www.nccp.org).

<sup>3</sup> Washington state demographics, National Center for Children in Poverty. 2003. [www.nccp.org](http://www.nccp.org).

<sup>4</sup> Washington state demographics, National Center for Children in Poverty. 2003. [www.nccp.org](http://www.nccp.org).

<sup>5</sup> Washington state demographics, National Center for Children in Poverty. 2003. [www.nccp.org](http://www.nccp.org).

<sup>6</sup> The State of Washington's Children - Summer 2002 Report; Washington Kids Count; 2002.

<sup>7</sup> Washington state demographics, National Center for Children in Poverty. 2003. [www.nccp.org](http://www.nccp.org).

<sup>8</sup> U.S. Census Bureau, *Summary File 3, Poverty Profile 7 of the Census 2000 58 page profiles*, 2002.

38% of those children in Washington under the age of 5 are living in families with incomes below 200% of the FPL and 16% are living in families below 100% FPL<sup>9</sup>. By late 2000, a quarter of a million children were living below the FPL and another quarter of a million were living in families with inadequate income<sup>10</sup>.

Children under the age of 5 have a higher percentage of poverty than any other group, aside from adults ages 18 to 24). In fact, the percent of children under the age of 5 who live in poverty is 9 to 16% higher than most other age groups, and they are most closely followed by 5 year-olds and 6 to 11 year olds.

Close to 40% of the children in our state are living in homes at or near poverty during the most formative years of their lives. The research on the importance of learning and the brain in the years between 0-3 continues to show that what happens during this time has a major impact on brain development. In particular, the way that brain cells connect and organize themselves is a major predictor of abilities in adulthood and these “pathways” are mostly created during the earliest years of life<sup>11</sup>. Children under the age of 5 are very open to new learning, but they are also extremely vulnerable to harmful experiences such as abuse and neglect.

In Washington State and nationally, the age group that experiences the most abuse is children under one. In 2002 Washington had 657 victims of abuse under one compared to 350 or fewer victims in all other age categories. In addition, children five and under have more cases of abuse than those over 5<sup>12</sup>. Young children are not only the most frequently abused; they are also the group most likely to experience fatalities from abuse. Nationally, children under the age of one accounted for 30.9% of all fatalities.<sup>13</sup>

In addition, children who have physical, cognitive or emotional disabilities<sup>14</sup> are at greater risk to experience child abuse and neglect. An estimated 2.5% of Washington children under the age of three may have developmental delays or disabilities. In December of 2000, 2,900 infants and toddlers under the age of three (1.2%) were receiving services from public programs in Washington for children with disabilities and special health needs. Of those enrolled, the children of mothers with diagnosed substance abuse problems was three times higher than that for all other Medicaid children in Washington and the enrollment rate for children whose mothers' had not received any prenatal care was more than three times as high as those whose mothers' had prenatal care in the first trimester<sup>15</sup>. Children were more likely to be enrolled in one

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<sup>9</sup> U.S. Census Bureau, *Summary File 3, Poverty Profile 7 of the Census 2000 58 page profiles*, 2002.

<sup>10</sup> The State of Washington's Children - Summer 2002 Report; Washington Kids Count; 2002.

<sup>11</sup> National Research Council, Institute of Medicine, *The Science of Early Childhood Development: A Summary Report of From Neurons to Neighborhoods*, 2000.

<sup>12</sup> Child Maltreatment 2002, [www.acf.hhs.gov/programs/cb/publications/cm02/cm02.pdf](http://www.acf.hhs.gov/programs/cb/publications/cm02/cm02.pdf)

<sup>13</sup> *Fatalities Due to Child Abuse and Neglect*, American Humane Society, 2004.

<sup>14</sup> *Report on Maltreatment of Children with Disabilities* National Center on Child Abuse and Neglect, DHHS, 1993

<sup>15</sup> Washington's Infant Toddler Early Intervention Program Study, Washington State Department of Social and Health Services. [www1.dshs.wa.gov/rda/research/7/79/h.shtm](http://www1.dshs.wa.gov/rda/research/7/79/h.shtm).

of these programs if at birth they had: low birth weight, were preterm, and/or had Apgar scores of less than 8<sup>16</sup>.

### Service area trends

New information about brain development and an increased public focus on early learning and school readiness are creating new opportunities and challenges for WCPCAN related to our public education responsibilities (a critical component of primary child abuse and neglect prevention). The opportunities are obviously related to an increasing parental/caregiver demand for accurate information related to child development and parenting and the resultant proliferation of organizations and initiatives to respond to that need. The challenges lie in the need to be ever more strategic in identifying those opportunities most critical to effectively leveraging our child abuse prevention message and limited resources. The WCPCAN Council's directive to focus more clearly on children birth to three assists in this challenge.

Another service area trend relates to the findings of the federal Child and Family Service Review (CFSR) of Washington's child welfare system, which identified specific areas for improvement in which WCPCAN has well-established expertise and/or leadership, including outcomes related to community, family and father engagement and service array and development. This aligns with an observed increased interest in prevention and in deeper community partnerships (as espoused by DSHS leadership in its "Facing the Future" initiative, Program Improvement Plan, and a growing number of leading voices across disciplines). The growing body of research related to the effectiveness of prevention is contributing significantly to this trend, along with an emerging recognition across domains of the necessity and opportunity to effectively address root causes in order to achieve desired outcomes. With the clear connections research has drawn (and WCPCAN has articulated) between adverse early childhood experiences and poor outcomes in student achievement, safety and health, WCPCAN is challenged to begin drawing actionable pathways towards system integration.

## **Changes to the Authorizing Environment**

### Federal, State and Local Policies

WCPCAN is the identified state lead agency for implementation of the federal government's Community Based Child Abuse Prevention (CBCAP) program (Title IIB of the Child Abuse Prevention and Treatment Act [CAPTA]). Receipt of CBCAP funding requires alignment with federal priorities. Under the current administration, our responsibility to support networks of coordinated resources and activities enhancing Washington's child abuse and neglect prevention capacity newly includes promoting early health and developmental service referrals and parent leadership (particularly with parents who have disabilities or who have children with disabilities and racial and ethnic minorities and other underserved groups). In addition, there is a federal expectation related to support for presidential initiatives related to faith-based services, marriage strengthening and responsible fatherhood. WCPCAN's alignment with these presidential

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<sup>16</sup> Washington's Infant Toddler Early Intervention Program Study, Washington State Department of Social and Health Services. [www1.dshs.wa.gov/rda/research/7/79/h.shtm](http://www1.dshs.wa.gov/rda/research/7/79/h.shtm).

initiatives has included a focus on fathering, as lead for the development of the Washington State Fathering Coalition, and on leading a collaborative effort to explore the issues and research related to marriage/relationship strengthening in preparation for a possible proposal to obtain federal Healthy Marriage Initiative funding.

Funding for CAPTA was increased in the federal budget. As the Governor's identified lead agency for receipt of CAPTA funding, WCPCAN has secured additional federal dollars for distribution to community agencies to meet identified needs. New legislation (the Education Begins At Home Act) has been introduced to support evidence-based home visiting services. We will continue to closely track these current and potential sources of federal funds to ensure readiness to respond effectively should increased funding become available.

### Costs

It costs far less to mount effective community-based child abuse and neglect prevention programs than to implement interventions, as demonstrated by numerous studies. Even the more expensive proven program models such as David Olds' well known Nurse Family Partnership program produces significant results (i.e., reductions in child abuse, and dependence on TANF, improvement in health status) at substantially less cost per client than do other responses such as foster care. Other proven programs serving young children and their families have demonstrated the same cost efficiencies. The report by the Washington State Institute for Public Policy regarding the cost benefit of prevention and early intervention identified a number of evidence-based programs whose returns outweigh expenditures. As James Heckman, Ph.D., Nobel Laureate in Economic Sciences has noted, "The real question is how to use the available funds wisely. The best evidence supports the policy prescription: Invest in the Very Young." WCPCAN will work to achieve greater commitment to policies that promote this approach to cost containment.

### Public Opinion

Among the general population, one 2002 study by Peter D. Hart Research Associates and American Viewpoint found that participants rated preventing the abuse and neglect of children as their second highest priority over keeping taxes down, fighting crime and ensuring people's safety and security and other important issues and behind only strengthening the public school system<sup>17</sup>.

In 2003, the Washington State Department of Health published the results of a study it conducted on community norms on child abuse and neglect.<sup>18</sup> In addition to surfacing information about norms, the study reported on public responses to known abuse and barriers to responding and views on approaches to child abuse prevention and the appropriate roles of state and local agencies. Its findings demonstrate very wide agreement regarding the prevention strategies believed to be the most critical. Second

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<sup>17</sup> Perceptions of Child Abuse and Neglect Prevention: A Strategic Report on Research Findings. Peter D. Hart Research Associates/American Viewpoint. (Washington. DC: 2002).

<sup>18</sup> Community Norms about Child Abuse and Neglect, Washington State Dept. of Health (January 2003).

only to access to substance abuse and mental health services are those directly related to WCPCAN's responsibilities: access to needed supports (including crisis nurseries), parenting education, parenting information for the general public and home visits to new parents. (Quality child care also ranked high as an effective child abuse prevention strategy in the public's understanding.)

Taken together, these findings clearly indicate the existence of widespread public understanding of and political will for preventing child abuse and neglect instead of just intervening after it has already occurred.

### Stakeholder Expectations

At the state level, prevention is a hard policy agenda to get funded. During the legislative session in 2003, the state experienced a \$2.8 billion budget deficit. Cuts were made to services that the state was not mandated to fund and to programs not considered necessities. Most of those cuts came from health and human service programs, particularly prevention programs. The sense in some quarters appeared to be that prevention was important but a luxury: money had to be spent first on CPS, foster care, prisons and other priorities. Another factor leading to proposed cuts was the perceived anti-tax sentiment of voters. In recent years voters had approved a cap on state spending and multiple cuts to taxes including property taxes and car tab taxes. A substantial percentage of legislators believed that any type of new revenue would be met by anger from their constituents. However, this trend may be reversing, as evidenced by voters' willingness to tax themselves to achieve certain public benefits such as improvements to the state's transportation system.

In 2007, another revenue shortfall in excess of \$700 million is anticipated; many cities and counties also are experiencing significant revenue shortfalls. Issues such as funding the state's pension plan, rising health care costs of health care, and funding of voter-approved initiatives related to public education create additional pressure on the state's budget. The creation of a new Department of Early Learning and fulfillment of its mandate to achieve quality and access improvements to the child care and early learning systems also increase budget pressures. It is possible (if not likely) that these pressures may lead the legislature to focus budget cuts on health and human service programs as it has done in the past. However, WCPCAN takes the long view on what it takes to hold the line on and eventually reduce the costs to taxpayers for government services. As both common sense and cost avoidance analyses indicate, it is only by investing in front-end, preventive services that the state will be able to hold the line on increases in the most expensive parts of its systems, such as foster care, substance abuse and mental health treatment, incarceration, chronic illness and other outcomes research has established as being strongly associated with adverse childhood experiences.

Stakeholders are dubious about state government's ability to operate efficiently and contain costs. WCPCAN is well positioned to respond to this concern. Through our 25 year history we have clearly demonstrated our ability to be wise stewards of public resources, and to truly partner with communities around shared values about the need

to strengthen families to better protect children and promote their optimal development. A core part of our business is funding proven community-based programs that can demonstrate strong local support and investment. WCPCAN's support for these programs is time-limited and includes a strong focus on assistance in becoming self-sustaining. (Our emphasis on outcome-based planning, evaluation and reporting is central to this strategy.) Likewise, WCPCAN is clear about our role as a support to trusted local entities in delivering needed family strengthening services. This approach is essential, as it is only by the increased commitment of each individual, family and community to their role in protecting and nurturing children that we will ever be able to reduce child abuse and neglect and achieve the outcomes for children that we seek. .

## **G. Trends in Customer Characteristics**

One framework for considering prevention is the social-ecological model promoted by the federal Center for Disease Control and Prevention (CDC), which suggests that efforts to prevent child abuse and neglect before it occurs requires action on all four levels: the individual, relationship, community/organizational and societal levels. WCPCAN's activities address all of these domains, although funding for community-base programs primarily aims to affect changes at the relationship level (i.e. interactions between parents and their children).

Prevention functions are also commonly categorized into three levels:

- Primary – aimed at the general public prevent a condition or behavior from occurring (i.e. public awareness campaigns)
- Secondary – interventions serving a targeted group of individuals based on an identified risk factor or risk factors (i.e., programs serving limited-English low income families)
- Tertiary (or Indicated) – interventions that occur after the identified behavior or condition has occurred to prevent reoccurrence (i.e., programs that serve families with open CPS cases).

By this definition, WCPCAN's focus is on primary and secondary prevention. Hence, our "customers" include all Washington families, not just those with identified risk factors or "vulnerable children," defined for the state's Priorities of Government process as "children whose family system is unable/unwilling to support and protect [them]."<sup>19</sup>

Families in Washington are like families elsewhere: continually evolving as changing cultural norms influence the specific shape and function of this most enduring of social constructs. Perhaps the most prevalent trend evidenced in Washington families is the stress created or exacerbated by a difficult economic climate. Among the most significant trends impacting Washington families are the steadily increasing numbers of families headed by single men, and the greater role men are taking within families to actively participate in child rearing. Similarly, Washington families are like others in the rapidly growing percentage of grandparents with parenting responsibilities. Longer life

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<sup>19</sup> E-mail correspondence from Wayne Kawakami, OFM, April 26, 2004.

expectancies are another factor shaping families, as parents increasingly are involved in caretaking of both children and their own aging parents. Trends in population subgroups (i.e., low income, urban African-American families, which are increasingly less likely to include children born to married partners), are also significant factors.

Within families, children – particularly those aged zero to three -- are an identified WCPCAN focus. While birth rates in Washington are holding steady, census figures show increasing growth rates within certain ethnic groups, e.g., Hispanic families. Studies have also documented increasing numbers of children with developmental, mental health and health diagnoses or concerns (i.e., rising rates of autism and asthma). These trends influence not only where and how WCPCAN focuses our grant making to build prevention capacity at the community level, but also how we identify broader strategic initiatives in which to invest time and effort. Examples include our leadership of and ongoing commitment to the Washington State Fathering Coalition, the Respite and Crisis Care Coalition of Washington, and Partnerships for Supporting Children's Mental Health, as well as policy agendas that seek to find solutions to conditions that increase risk to children, such as joblessness and homelessness.

Increasing awareness of the critical importance of the early years to brain development is another trend in WCPCAN's primary customer group. As this awareness increases – and dovetails with the reality that both parents (if present) must work to support the family – there is increasing demand for reliable information about child development and parenting and also heightened concern about the quality of out of home care settings. This trend has led to new partnership opportunities (i.e., with the Foundation for Early Learning, Talaris Institute, and child care constituencies/organizations) based on a common interest in promoting optimal child development. It has also created challenges related to identifying those initiatives among the burgeoning number focused on healthy child development that are most likely to embrace and achieve impact related to child abuse prevention.

Per our enabling legislation, “public and private agencies” represent another WCPCAN customer group. The primary trends impacting these entities center on ‘doing more with less’: expectations that they will be more businesslike, accountable and entrepreneurial. The difficult economic environment has made basic survival a challenge for many smaller private agencies (and some public ones). Prevention entities appear somewhat more vulnerable than others to the pressures of the current squeeze on resources. Responding to current financial pressures, there appears among private agencies to be an emerging trend towards both greater specialization (niche programming) and to consolidation (larger agencies better positioned for sustainability absorbing functions previously taken on by smaller nonprofits with a more limited base). A major trend impacting both private and public agencies has been towards increasing collaboration. Trends impacting both public and private agencies include those towards public-private partnerships, efforts crossing domains and disciplines, and initiatives focused on systemic issues.

## H. Strategy & Capacity Assessment

In developing its strategic plan, the WCPCAN Council resolved to focus the agency's efforts on two priorities: children birth to three, and resource efficiency. Both priorities speak to the recognized need to maximize impact. The focus on young children reflects not only the fact that young children are the most likely of any to experience abuse and neglect (and the most likely to suffer fatal injuries) but also growing evidence related to the importance of the early years in setting the course for future development, and the singular effectiveness of strategies targeting at-risk individuals transitioning into parenthood. While resource leveraging (partnerships and collaboration) have long been central to WCPCAN's work, the new focus on resource efficiency speaks to the necessity of working in new ways and, potentially, new structures, if we are to achieve the systemic changes required to accomplish the desired result of reducing rates of child abuse and neglect. Fundamentally, our work is a resource efficiency strategy: when we prevent child abuse and neglect, we avoid the massive costs associated with the failure to protect children, such as foster care, substance abuse and mental health treatment, chronic illness and crime and incarceration.

WCPCAN has a staff of five in addition to the executive director: three with programmatic responsibilities and two in support roles. Although productivity is very high, our potential scope of effort is much greater than what the small number of program staff could ever cover. Therefore, we are forced to be very selective about identifying venues in which our leadership or active participation can leverage the greatest impact. This constraint obviously could be eased by the addition of staff. Short of that, we are continually engaged in assessments to ensure the effectiveness of the initiatives we undertake, the partnerships in which we are engaged, and the programs in which we invest. For this, our ongoing emphasis on outcome-based planning and evaluation stands us in excellent stead. Staffing limitations are also addressed by being able to shape work loads to attract talented UW School of Business and MSW graduate student interns, who will continue to serve in key roles such as database management, website development, and program research and support.

The focus on resource efficiency continues to move us towards increasing use of electronic technologies, particularly in regards to implementing message campaigns and in tracking progress on various performance measures. Where possible, we work collaboratively across systems and domains to pool and align resources for maximum impact.

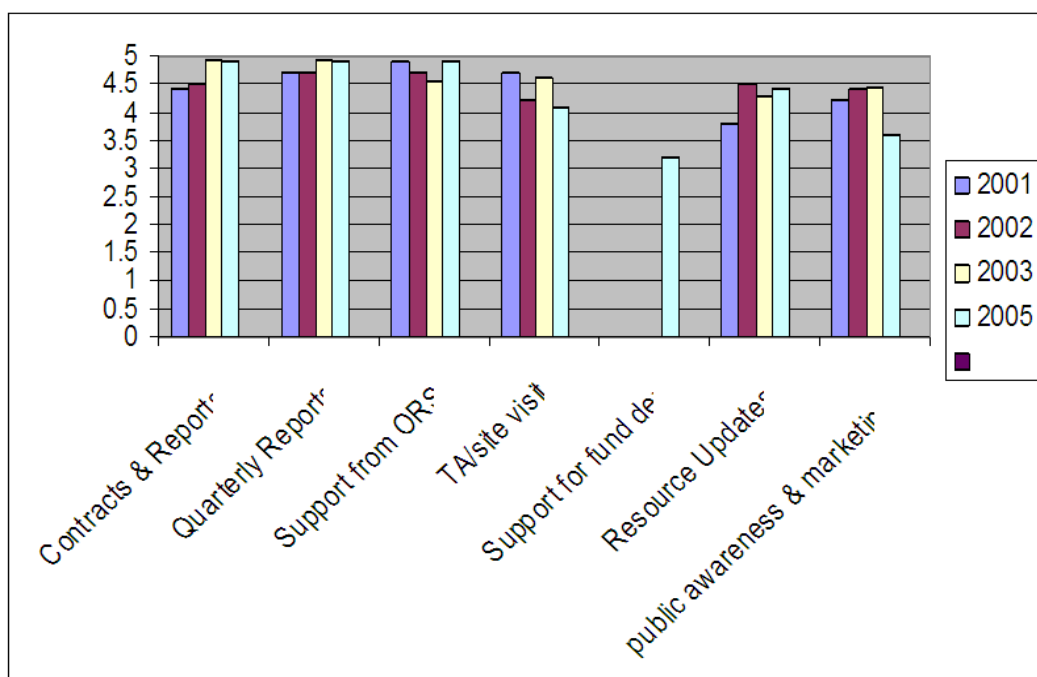
Additional fiscal resources will allow WCPCAN to leverage both additional federal dollars and local funds for prevention (all WCPCAN grants require significant levels of local match) while creating a strong prevention infrastructure for our state. We also seek to attract additional private funding for prevention. Short term strategies to support this goal focus on: 1) taking advantage of the unique capacities represented by the Children's Trust Fund (marketing Heirloom Birth Certificates and our "Keep Kids Safe" special license plate), and 2) securing grant sources from local and national foundations to implement special projects, such as a grant from the National Alliance of Children's Trust and Prevention funds to implement a "Strengthening Families through Early Care and Education" initiative in Washington. This strategy, devised by the Center for the

Study of Social Policy, will be implemented collaboratively with a number of state and private partners; its aim is to embed effective child abuse and neglect prevention activities in early care settings

## I. Performance Assessment

Performance measures have been identified for all key activities identified in our Activity Inventory. They are detailed on the attached Logic Model, Appendix Four.

The primary performance assessment WCPCAN relies on is the comprehensive Outcome Report we produce annually from the data provided by the community-based programs we fund. This report details with great specificity the results achieved by programs on relevant, reliable indicators of reduced risk for children. Each year for the past several years, the report has shown not only positive results for children and families at the individual program level, but also increasing competence in the field for measuring and reporting outcomes. While it is difficult to measure across disciplines, by comparison to most of our peer prevention agencies (both in Washington and nationally), WCPCAN is a clear leader in the very challenging work of measuring prevention outcomes. With increased investment in and focus, we expect to continue to set the pace in this area.<sup>20</sup>



**Chart 1: Perceived Value of WCPCAN-provided Capacity-Building Resources**

<sup>20</sup> The main challenge in this area is to be able to meaningfully measure the cumulative (rather than program-specific) impact of these programs on the populations served; the milestone following that will be the ability to measure impacts on overall rates of child abuse and neglect in Washington. This level of performance measure requires agreement, coordination, and investment far beyond what is currently in place.

Another WCPCAN performance measurement is the annual assessment of the perceived value of the capacity-building resources we offer to community-based programs (see Chart 1 above). Results from the past several years show continuing high scores across the several domains the survey addresses; lower scores in specific areas drive adjustments to the training plan for the coming year. This information helps provide a longer term perspective on the value of our capacity-building efforts, and will help answer questions about whether program and service enhancements WCPCAN has facilitated have proven sustainable over time. Beyond shaping our training offerings, the data from this process will inform our overall investment/grant making strategy, which is reviewed periodically to ensure it reflects and incorporates best practice, new research and shifts in community characteristics and need.

Performance measures are in place related to activity of implementing message campaigns, including the legislatively mandated Shaken Baby prevention and Post Partum Depression awareness campaigns. These primarily relate to the numbers of campaign materials provided and utilization of web based resources. With sufficient resources, we plan in 2008 to implement a statewide survey that measures progress on public awareness and understanding compared to the benchmark established in the 2003 DOH survey, "Community Norms about Child Abuse and Neglect" (see above). We believe results from this survey would provide a very meaningful measure of whether we (with our partners) have successfully moved the needle on the key information and understanding we are trying to communicate.

## **J. Financial Health Assessment**

Like most other state agencies whose funding has remained flat in recent years, WCPCAN has found it difficult to maintain or enhance program services given inflationary pressures on our budget. Shifts in philanthropy and difficult economic situations particularly in rural parts of the state have increasingly stressed the community-based programs we fund and many of the organizations with which we partner. Because accomplishing many of our strategic objectives requires the resource leveraging possible through partnerships, constraints impacting our partners also constrain us. One outcome of increased investment in our new funding framework of multi-year performance-based contracts with community-based agencies to provide evidence-based and evidence-influenced prevention programs statewide will be the increased ability of these programs to weather shifts in the economic environment. This approach will allow for the creation of a true prevention infrastructure rather than a short term, piecemeal effort that results in resources being diverted to finding new, marginal dollars instead of serving children and families.

## **K. Cost Reduction Strategies**

One cost reduction strategy we have implemented in recent years is moving many of our communications to an electronic platform (i.e. using e-mail to distribute announcements of our annual Request for Proposal and posting our annual report on line instead of printing and mailing thousands of copies). We also experimented with reconfiguring staffing slightly (i.e., a support position was reduced from full time to 32

hours a week). Our primary cost reduction strategy for the period of the strategic plan is to strengthen existing partnerships and identify new partnerships that will reduce our costs by bringing new resources into the mix.

## **L. Activity Links & Major Partners**

Partnerships are fundamental to WCPCAN's work. Our primary challenge related to partnerships is prioritizing among the multiple, compelling partnership opportunities available to us. This reliance on partnerships is driven by the following factors (among others):

- Child abuse and neglect and its prevention cross programmatic boundaries; maximum impact is only possible when efforts are leveraged across multiple domains.<sup>21</sup>
- Research shows that effective prevention requires partnerships that drive deep into communities.<sup>22</sup>
- The resource leveraging available through partnerships helps address resource constraints.
- Effectively engaging underserved populations requires partnerships with organizations with special access to these groups.
- Our federal funding requires us as the state's lead agency for child abuse and neglect prevention to "support networks of coordinated resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect."

Among the key partnerships in which WCPCAN is engaged or developing in order to accomplish the strategies we have identified are those with the following entities:

- Blue Ribbon Collaborative (Child Abuse Prevention Month)
- BUILD Initiative, Kids Matter & Head Start State Collaboration Office Joint Advisory Council
- Kids Matter (Early Childhood Comprehensive Systems) Collaborative
- Speak Up When You're Down' Post Partum Depression Awareness Campaign Leadership Advisory Group
- Prevention Pays Coalition
- Shaken Baby Syndrome Prevention Partnership
- Strengthening Families through Early Care & Education Washington Collaboration
- Strengthening Relationships WA (Healthy Marriage Initiative planning group)

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<sup>21</sup> E.g., Partnerships within the field of domestic violence related to the risks to children in violent homes that connect to partnerships in the field of mental health that address service access barriers that connect to child care quality improvement initiatives that connect to...).

<sup>22</sup> *Common Purpose: Strengthening Families and Neighborhoods to Rebuild America*, Lisbeth B. Schorr, 2000.

In addition, WCPCAN plays key advisory or supporting roles in several other state coalitions, collaborations and partnerships, including:

- Catalyst for Kids
- Children's Budget Coalition
- Child Welfare Advocates Coalition
- Early Care and Education Coalition
- Family Support Washington
- Foundation for Early Learning Advisory Board
- Partnerships for Supporting Children's Mental Health
- SOAR (Helping Kids Reach for the Sky)
- Washington State Fatherhood Coalition
- Washington State Coalition Against Domestic Violence
- Within Reach (formerly Healthy Mothers Healthy Babies)

In order to strengthen our state-based leadership through the access to information, resources, networking and peer support they provide, WCPCAN also maintains ties to key national organizations:

- Center for the Study of Social Policy
- Family Support America (organizational member)
- FRIENDS National Resource Center
- National Alliance of Children's Trust & Prevention Funds (organizational member/Board member)
- Prevent Child Abuse America (provisional chapter)
- Zero to Three (member)

## **APPENDIX ONE**

### **RCW SECTIONS**

- 43.121.010 Legislative declaration, intent.
- 43.121.015 Definitions.
- 43.121.020 Council established -- Members, chairperson -- Appointment, qualifications, terms, vacancies.
- 43.121.030 Compensation and travel expenses of members.
- 43.121.040 Executive director, salary -- Staff.
- 43.121.050 Council powers and duties -- Generally -- Rules.
- 43.121.060 Contracts for services -- Scope of programs -- Funding.
- 43.121.070 Contracts for services -- Factors in awarding.
- 43.121.080 Contracts for services -- Partial funding by administering organization, what constitutes.
- 43.121.100 Contributions, grants, gifts -- Depository for and disbursement and expenditure control of moneys received -- Children's trust fund.
- 43.121.110 Parenting skills -- Legislative findings.
- 43.121.120 Community-based early parenting skills programs -- Funding.
- 43.121.130 Decreased state funding of parenting skills programs -- Evaluation.
- 43.121.140 Shaken baby syndrome -- Outreach campaign.
- 43.121.150 Juvenile crime--Legislative findings.
- 43.121.910 Severability -- 1982 c 4.
- 43.121.160 Postpartum depression--Public information and communication outreach campaign.

## **APPENDIX TWO**

### **ACTIVITY INVENTORY (Revised from previous year)**

#### **APPROACH:**

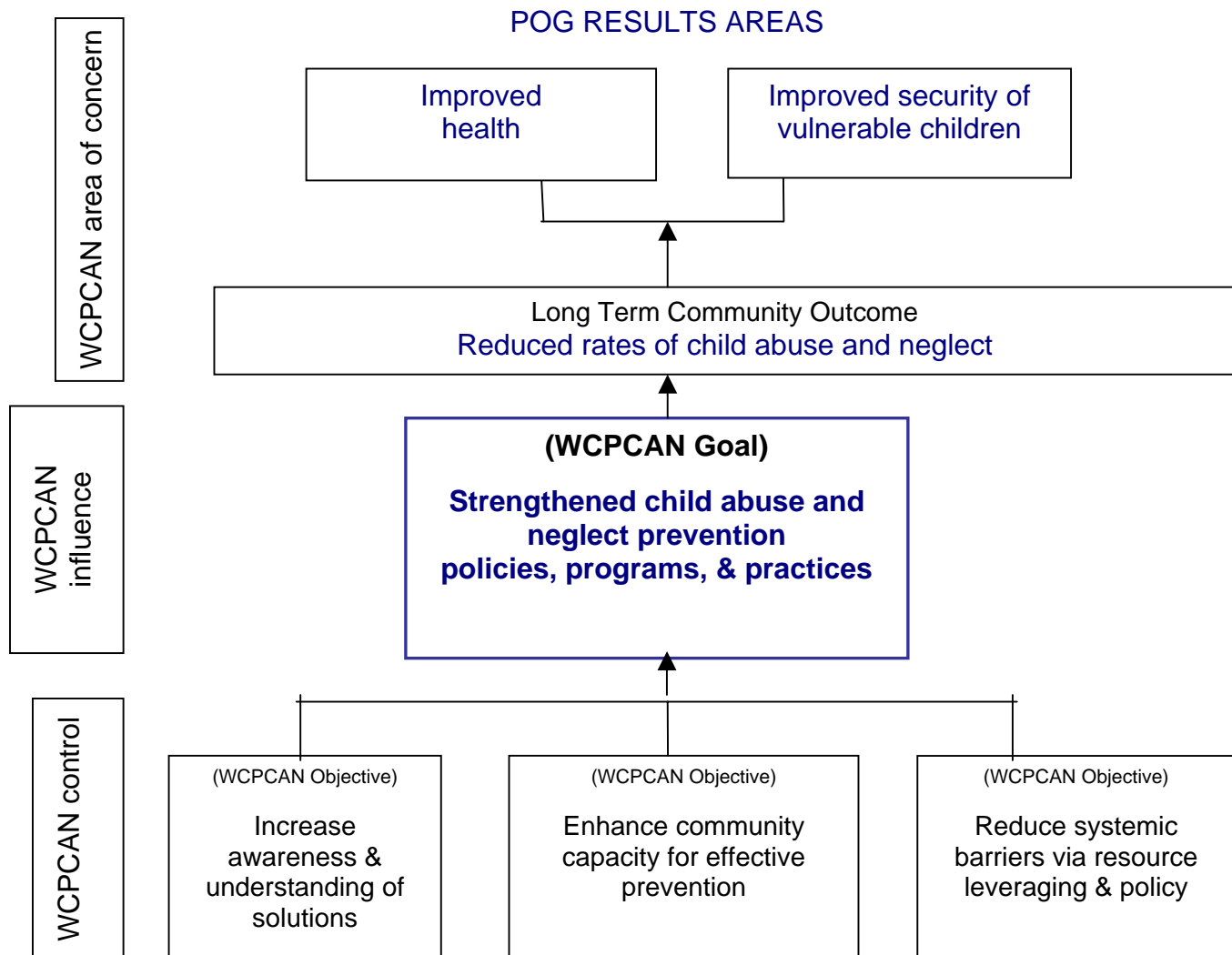
- We believe that partnerships are essential to achieving our mission.
- We believe that work at the individual, family, community and societal levels is necessary to achieve the comprehensive changes required to prevent child abuse and neglect.
- We are committed to excellence and continuous quality improvement as evidenced by the regular evaluation we engage in of our own and our funded programs' performance and the application and integration of lessons learned. This process includes regularly reporting on the results we and our funded programs have achieved.
- We value the leadership, governance and accountability provided by our active citizen-led and agency- and legislator-informed Council.
- We believe in the need to be nimble in response to new and emerging needs and opportunities.
- We are dedicated to preventing child abuse and neglect before it occurs.

#### **ACTIVITIES:**

The Washington Council for the Prevention of Child Abuse and Neglect (WCPCAN) serves as a resource for families, communities, groups and organizations, and policy makers in regards to child abuse and neglect prevention. Key activities include:

- Identifying needs, gaps, barriers & available resources (awareness, service, training, systemic)
- Developing effective responses (messages, programs, training, policy proposals)
- Developing & leveraging resources
- Contracting with community-based programs for delivery of identified outcomes
- Providing technical assistance to support outcome achievement
- Providing & facilitating access to capacity-building resources
- Implementing message campaigns
- Advocating for policy & structural solutions

## APPENDIX THREE – Relationship between WCPCAN Goals and Statewide Results



NOTE: Information about the research establishing the link between child abuse and neglect and outcomes related to health (including mental health and substance abuse) is provided in the 2003 WCPCAN "Ounce of Prevention" report.

## APPENDIX FOUR - WCPCAN LOGIC MODEL

Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term WCPCAN Control	Intermediate Term WCPCAN Control/ Influence	Long Term WCPCAN Influence
Legislative mandate Linkage to Governor's Office Vision, mission, values, approach WCPCAN Council Community volunteers 9 FTES + IT & MSW interns + contracted project staff Approx. \$12.8 M state funding annually Approx. \$750 K federal funding annually Children's Trust Fund revenue Services provided by SACS Knowledge of research Expertise re: evidence-based & evidence-informed (EB/EI) programs Access to prevention & evaluation expertise	Identify needs, gaps and barriers (awareness, service, training, systemic)	10 outreach presentations to gather information re: services, gaps		Increased awareness and understanding of solutions to the problem of child abuse & neglect by improved availability of and access to current prevention information and strategies.	Strengthened child abuse & neglect prevention policies, programs & practices
	Develop effective responses (messages programs, training, policy proposals)	List of evidence-based/evidence-informed programs produced by July 1, 2006; updates produced annually			Decrease the rate of first-time victims per 1,000 children, based on National Child Abuse and Neglect Data System (NCANDS) reporting of the child maltreatment victims each year who had not been maltreatment victims in any prior year.
	Develop and leverage resources	4 trainings provided each year on EB/EI programs	Increased resources received and distributed to community programs		
	Contract for delivery of identified outcomes	45-60 performance-based contracts for implementation of evidence-based/-informed programs	Increased ability of community-based programs to identify, measure and report on at least one protective factor outcome	Increase in the availability of appropriate evidence-based services for families	Decrease the rate of first-time perpetrators per 1,000 adults, based on NCANDS reporting of the child maltreatment perpetrators each year who are not identified as child maltreatment perpetrators in any prior year.
	Provide technical assistance to support outcome achievement	15 grants for implementation of innovative programs			
		8 outcome evaluation TA opportunities provided each year for each funded program	Increased use of program evaluation data by community-based	Enhanced community capacity to respond to the needs of children by implementing effective	



Resources	Strategies/Activities	Performance Measures (Outputs & Outcomes)			
		Outputs	Short Term WCPCAN Control	Intermediate Term WCPCAN Control/ Influence	Long Term WCPCAN Influence
	Advocate for policy and structural solutions	<p>produced by Dec 31 2006; updates produced annually</p> <p>4 policy position papers produced each year</p> <p>50 briefings &amp; educational opportunities for legislators provided each year</p>		barriers to effective child abuse & neglect prevention by enhancing resources and improving policies.	

## APPENDIX FIVE STRATEGIC PLAN VISUAL

